Meeting report

D2 gastrectomy course, The Royal College of Surgeons of England, February 13–15, 2002

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Despite the continuing controversy regarding radical surgery for gastric cancer in the West, there is growing interest, particularly among younger surgeons in the United Kingdom, in how to safely perform D2 gastrectomies on patients with gastric cancer. This is fuelled by reports from specialist centers showing that such operations can be done without excessive mortality or morbidity and that the results in nonrandomized series show improved survival compared with the traditional nonradical approach [1–3]. In addition, there has been criticism of the way that randomized prospective studies comparing D1 and D2 gastrectomy were conducted [4]. One recurring theme has been the importance of adequate training for surgeons performing D2 gastrectomy and the relatively long learning curve [5]. This may be even more important for Western surgeons than it is for their Japanese counterparts, as obesity and other significant comorbidity is more common in Northern European patients than it is in Japanese patients. With this in mind it was felt appropriate to design a course to teach the principles and techniques of D2 gastrectomy, and this was done in partnership with the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland.

The course was aimed at higher surgical trainees in their final 2 years of training who had expressed a subspeciality interest in upper gastrointestinal surgery, and was strictly limited to 16 candidates. This ensured a high faculty-to-student ratio. Established consultants were also welcome, of whom three attended as observers. The course was designed by Mr. Richard H. Hardwick, with considerable help and guidance from Dr. Takeshi Sano, of the National Cancer Center in Tokyo, and Mr. Vishey Mahadevan, Senior Anatomist at The Royal College of Surgeons of England. Administration was expertly handled by Mr. Neil Jenkinson of

the Education Department of the Royal College of Surgeons of England. The course was spread over 3 days beginning and ending at lunch-time.

Day one saw a series of interactive lectures given by faculty on topics such as “Justification for performing a D2 gastrectomy”, the “Topographical anatomy and lymph node stations of the stomach”, “Gastric embryology”, “preoperative staging of gastric cancer”, and “patient selection for surgery”. This was followed by a detailed step-by-step guide to a D2 gastrectomy given by Dr. Sano.

Day two started with a series of freeze-frame videos showing the important dissections during both subtotal and total D2 gastrectomy. The highlight of this section was an exquisite digital video made by Dr. Sano, a copy of which was provided free to all candidates on the course. This was a lively interactive session, which allowed candidates to question in detail members of faculty about specific aspects of D2 gastrectomy. After lunch the group moved through to the skills laboratory adjacent to the lecture theater, where specially prepared cadavers were available for candidates to dissect (Figure). This was performed in a structured way in small groups, under the direct supervision of a faculty member, aiming to reproduce the important steps previously demonstrated in the completion of a successful D2 gastrectomy. Despite initial scepticism from some candidates about the possibility of this, many agreed that this process provided valuable hands-on experience in identifying the appropriate lymph node stations. The afternoon was completed by a comprehensive assessment of the differences between the TNM [6] and Japanese classification for histological staging of gastric cancer and then a thoroughly enjoyable course dinner.

The last morning of the course focused on the post-operative management of gastrectomy patients and, in particular, the avoidance of complications and their management should they occur. There followed a series of presentations about the results of D2 gastrectomy in

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Japan, Germany, and the United Kingdom. All candidates completed a questionnaire and were issued with a certificate of attendance and a file containing comprehensive written material to accompany the course. It was stressed that regular involvement in these operations over a 12- to 24-month period was deemed essential before surgeons should undertake it independently.

Feedback from this course was excellent. Useful criticisms and comments have been noted and appropriate alterations made for the second course, which will run

from March 5–7, 2003. Surgeons wishing to secure a place on this should contact the Education Department at The Royal College of Surgeons of England. I am indebted to the excellent faculty who taught on this course and without whom it would not have happened. These were Dr. Takeshi Sano (Tokyo), Dr. Hubert Stein (Munich), Mr. Henry Sue-Ling (Leeds), Mr. Shore Somers (Portsmouth), Mr. Satvinder Mudan (London), Mr. Simon Dexter (Leeds), Mr. Vishey Mahadevan (Royal College of Surgeons), and Dr. Bryan Warren (Oxford). Our thanks also go to The Foundation for Promotion of Cancer Research in Tokyo who generously supported Dr. Sano's travel to the United Kingdom.

We look forward to welcoming candidates for the second course on 5–7 March, 2003.

References

1. Sue-Ling HM, Johnston D, Martin IG, Dixon MF, Lansdown MR, McMahon MJ, et al. Gastric cancer: a curable disease in Britain [see comments]. *BMJ* 1993;307:591–6.
2. Siewert JR, Kestlmeier R, Busch R, Bottcher K, Roder JD, Muller J, et al. Benefits of D2 lymph node dissection for patients with gastric cancer and pN0 and pN1 lymph node metastases. *Br J Surg* 1996;83:1144–7.
3. Siewert JR, Bottcher K, Stein HJ, Roder JD, The German Gastric Carcinoma Study Group. Relevant prognostic factors in gastric cancer. *Ann Surg* 1998;228:449–61.
4. Roukos DH. Current status and future perspectives in gastric cancer management. *Cancer Treat Rev* 2000;26:243–55.
5. Parikh D, Johnson M, Chagla L, Lowe D, McCulloch P. D2 gastrectomy: lessons from a prospective audit of the learning curve. *Br J Surg* 1996;83:1595–9.
6. Sobin L, Wittekind C. *TNM Classification of malignant tumours*. 5th ed. Heidelberg: Springer, 1997.